1343: B3 CORE BIOPSY SUSPICIOUS OF A PAPILLOMA: HOW SHOULD WE PROCEED?

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Aim: Papillomatous lesions of the breast, with or without atypia, are often reported as a B3 on core biopsy and proceed to surgical excision. This audit aimed to retrospectively assess the propensity for neoplasia to occur and whether surgical excision is appropriate.

Methods: A database of patients with a B3 core biopsy at a single Breast Unit between October 2005 and April 2012 was searched. Core biopsies of papillomas scoring B3 with subsequent surgical excision were included. Demographic parameters including patient age, pre-and post-operative size, and presence of atypia were recorded. Subsequent development of cancer was identified from follow-up data. Analysis of the data was performed using SPSS.

Results: Fifty patients with a median age of 62 years had a median pre-operative and post-operative lesion size of 12mm and 40mm, respectively. Atypia was evidenced in 11 patients on core biopsy. DCIS was present in nine patients at the time of excision and three patients subsequently developed a cancer. There was a significant association between DCIS at the time of excision and subsequent invasive disease ($p=0.048$, Fisher's exact test).

Conclusion: A B3 core biopsy suggestive of a papilloma without evidence of atypia can safely be removed by large volume core biopsy.

1372: PATHOLOGICAL EVALUATION OF THE STAGING AXILLARY LYMPH NODES: A NATIONAL SURVEY IN THE UNITED KINGDOM

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There is ongoing debate about the management of breast cancer patients with positive staging axillary lymph node (ALN). We aimed to investigate the practices followed by different pathology laboratories in evaluating staging ALN.

Methods: A structured questionnaire approved by the NHSBSP pathology Big 18 committee was circulated amongst all pathologists in the United Kingdom through the Breast Screening Quality Assurance Reference Centres.

Results: Amongst 160 respondents, the majority performed SLNB (92%) for staging. Most laboratories had a protocol for processing staging ALN (97%). Most laboratories examined the ALN after formalin fixation and paraffin embedding (FFPE) (85.6%). However a few used some initial intra-operative procedures such as PCR (7.5%), frozen section (3.8%) and touch imprint cytology (3.1%), with or without subsequent FFPE examination. Currently 33% perform serial sectioning of the FFPE blocks with the majority (75%) staining 3 sections using H&E. 67% performed standard sectioning at 1-2 mm followed by H&E evaluation of one section. Most units (85%) performed immunohistochemistry evaluation only when suspicious cells were detected in the H&E stained sections

Conclusion: There is considerable variation in the way lymph nodes are sectioned and evaluated histologically, however majority of the laboratories adhere to the national guidelines for evaluating staging ALN.

1399: THE INFLUENCE OF AGE ON BREAST CANCER TREATMENT

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Aim: Published literature reports a bias towards under treating elderly patients with cancer. The aim of this study was to review treatments offered for primary breast cancer in patients over 70 to assess how age impacts on access to treatment.

Method: We reviewed data on 651 patients (mean age 80) from eight breast units across East Anglia between 1st April to 30 September 2010 and 2011. Adult Co-morbidity Evaluation-27 index (ACE-27) and Nottingham Prognostic Indicator (NPI) values were calculated. Data were analysed to identify associations between age and treatments offered.

Results: 451 (mean age 79) patients were suitable candidates for surgery (ACE-27 score ≤ 2). 82% were offered surgery (mean age 78). 152 (mean age 77) patients were eligible for chemotherapy (NPI score ≥ 3.5 and ACE-27 score <3), 15% were offered chemotherapy (mean age 73). Nearly all ER positive patients received hormonal treatment. In comparison, Herceptin was administered to 19% of patients who were HER2 positive, with a decline in use with increasing age.

Conclusion: Overall, we note access to standard treatments declined significantly with increasing age. However, we have not taken into consideration the performance status of these patients, this may impact on their suitability for systemic treatments.

1415: CANCELLATION AND NON-ATTENDANCE IN BREAST DAY CASE SURGERY: ARE ASYMPTOMATIC PATIENTS LESS LIKELY TO ATTEND?

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Aim: High rates of cancellation and patient non-attendance (NA) for breast day surgery have been anecdotally noted in our institution. We aimed to determine rates and reasons for cancellation and NA in breast day surgery. For comparison, lower GI surgery was audited.

Methods: Three months of TheatreMan data and discharge summaries were retrospectively analyzed for breast and lower GI cancellation/NA rates. Patients who had not attended were contacted to identify reasons. Rates were compared using Fisher's exact test.

Results: 42 breast and 73 lower GI patients were scheduled; 6 (14%) and 14 (19%) patients were cancelled and 10 (23%) and 4 (5%) did not attend respectively. There was significantly higher NA in breast patients (18%, $p=0.019$). Cancellation rates were not significantly different (5%, $p=0.62$). NA was most frequently due to social circumstances/perception of need for operation.

Conclusion: Cancellation rates for both specialties were similar to those quoted elsewhere. NA was significantly higher in breast patients, which has not previously been explored in the literature. This may be due to low motivation to attend: breast conditions in day surgery are often benign and asymptomatic. Additional preoperative interventions (telephone/text reminders) may be beneficial to ensure attendance and maximize resources.

1457: DO AXILLARY SENTINEL LYMPH NODE MICROMETASTASES PREDICT INVOLVEMENT OF THE NON-SENTINEL LYMPH NODES IN BREAST CANCER?

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Aim: The management of patients diagnosed with micrometastases (tumour deposits $\leq$2.0mm but $>$0.2mm) on sentinel lymph node (SLN) biopsy is controversial. In particular, whether a completion axillary node clearance (cANC) can be avoided in selected patients because of the low prevalence of metastases in the non-SLNs. Our aim was to investigate whether micrometastases found on SLN biopsy predicts metastases in the non-SLNs.

Method: A retrospective review of all SLN biopsies performed between January 2008 and December 2012 was performed. In patients found to have micrometastases only on SLN biopsy, the pathology results of the cANC were obtained.

Results: 450 SLN biopsies were performed. Micrometastases only were found in 36 patients. 31 of these patients underwent a cANC and non-SLN metastases were found in 5 (16%). Of the patients with non-SLN metastases, on SLN biopsy they each had only one positive node and on the cANC specimen the median number of positive nodes found was 2 (range $1-3$). It was not possible to identify any specific criteria that could be used to exclude certain patients from undergoing cANC.

Conclusions: In patients with micrometastases on SLN biopsy, metastases in the non-SLNs are relatively common. These patients should therefore undergo cANC.

CARDIOTHORACIC SURGERY

0048: THE USE OF BIOLOGICAL IMPLANTS FOR SOFT TISSUE AND CHEST WALL RECONSTRUCTION IN THORACIC SURGERY IS SAFE EVEN IN CONTAMINATED ENVIRONMENTS

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Aim: To evaluate our experience using bio-prostheses in extended thoracic surgery in contaminated/infected environments
Methods: A review was performed of the 81 patients who underwent extended surgical procedures requiring thoracic soft tissue reconstruction with bioprosthetic materials from August 2009 to October 2012. Operations involved Lung Sparing Pleurectomy for Mesothelioma (n=54), extended operations for thoracic malignancies (n=16), surgery for trauma, perforated organs or complications (n=9), and for other benign causes (n=2)
Results: A total of 137 patches were used (median of 2, range 1 to 3). Median hospital stay was 11 (range 4-149) days. There were 3 post-operative deaths (3.7%) and 6 patients (7.4%) required reoperation (one haemothorax, one tension pneumothorax, two for patch dehiscence and two for empyema that did not require removal of the patch).
Outcomes were compared between the 63 patients undergoing elective surgery without pleural space contamination and the 18 cases in which surgery was performed non-electively in the presence of empyema/contaminated space. There were no differences in mortality, hospital stay or complications
Conclusion: Bioprosthetic patches for soft tissue reconstruction in thoracic surgery are safe and effective even in contaminated/infected environments. The fear to use patches in infected environments is no longer justified.

0142: THE QUALITY OF ONLINE INFORMATION ABOUT LOBECTOMY

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Aim: To assess the quality of online information for lay people regarding lobectomy and identify the best and worst resources people can consult prior to consenting and undergoing the procedure.
Methods: The top 3 search engines (Google, Bing and Yahoo) were searched for "lobectomy". The top 50 results were selected, duplicate websites, pay-per-view sites, scientific papers, and multimedia (video/powerpoint/audio) sites were removed prior to analysis. Remaining websites were assessed using Gunning-Fog Index (GFI), Flesch Reading Ease Score (FRES) and LIDA tool to assess accessibility, usability and reliability.
Results: Of the 150 websites, 103 were excluded, 83 due to repetition, 18 due to irrelevance, 2 due to multimedia. The mean GFI was 14.52 (±3.13); the mean FRES was 46.22 (±16.18) (%); and the mean LIDA tool score was 22.94 (±3.49) (71.69%). The results show that the websites were, on average, more difficult to read than the two newspapers The Sun (GFI = 8.8, FRES = 70.8) and The Financial Times (GFI = 12.51, FRES = 54.29).
Conclusion: Results were accessible, useable and reliable, as shown by the LIDA tool. The information required a high level of education and reading competence, as shown by the GFIs and the FRES.

0247: CURRENT PRACTICE OF BLOOD TRANSFUSION IN ADULT CARDIAC SURGERY

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Blood product transfusion (BPT) is widely used in cardiac surgery. Despite extensive research controversy still exists regarding the benefits of BPT. Furthermore, no definitive national guidelines or protocols for BPT in cardiac surgery are available in the UK. According to a recent U.K. based study, cardiac surgery patients consume up to 15% of the total pool of red blood cells (RBC) and a substantial proportion of other blood products in the UK.
We collected data relating to BPT for all patients undergoing cardiac surgery between May and July 2011 from the Royal Infirmary of Edinburgh (RIE) cardiac surgery database and the blood transfusion service.
Between May and July 2011, 221 patients had undergone cardiac surgery. Data analysis showed that 11.2% of the RBC pool at the RIE is consumed in cardiac surgery during the perioperative period. Our fresh frozen plasma (FFP), platelet and cryoprecipitate consumption rates were 8%, 29% and 6% respectively of the total RIE pool.
Cardiac surgeons should be aware of risks of BPT and avoid its liberal use. We recommend regular BPT audits on every cardiac surgery unit on a national scale. The need for a unified national guideline for cardiac surgery blood product transfusion is highlighted.

0305: ENDOVASCULAR STENT-GRAFTING FOR THORACIC AORTIC ANEURYSM: EXPERIENCES OF ONE CENTRE WITH REGARDS TO OUTCOMES AND CONSENTING

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Aim: Thoracic endovascular stent-grafting (TEVAR) is a minimally invasive technique for management of thoracic aortic disease. NICE have published guidelines (IPG 127) that concluded that TEVAR is a safe option for treatment of patients. This study aims to compare institutional outcomes to those published by NICE with the aim to create guidelines on consenting for these procedures.
Methods: Retrospective analysis of a prospectively maintained database of patients undergoing TEVAR for aneurysmal disease of the thoracic aorta between 05/02 and 05/11.
Results: Twenty-one elective (15 male (71%)) procedures, eleven TEVAR, five open procedure plus TEVAR and five TEVAR +/- open procedures. Median age 66 (range 47 to 81) years. Six (29%) endoleaks, one type A dissection. Aneurysm size increased in five patients, decreased in three. No conversions to open surgery. One stroke with residual neurological defect. One to twenty-four nights spent on ITU and ventilated for a median of eight hours. No in-hospital deaths. One-year mortality 10%. No patients consented in accordance with NICE guidelines.
Conclusion: Our center offers favorable outcomes with regards to stroke and mortality. However attention needs to be paid to consenting patients. With the outcomes of this project we can look to publish guidelines on TEVAR consenting.

0362: AUDIT OF HEART FAILURE MANAGEMENT IN CARDIAC SURGICAL PATIENTS

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Aim: To assess the performance of heart failure management in a cardiac surgical unit compared to NICE Guideline.
Method: A retrospective audit was performed using medical notes of 24 patients with poor left ventricular systolic dysfunction (LVSD) who had open heart surgery in a UK cardiac surgical unit from June 2010 to April 2012. Standards examined were all patients should be on beta-blockers and angiotensin-converting-enzyme inhibitor (ACE-I) upon discharge, all patients should be referred to heart failure team (HFT) and all patients' diagnosis and management plan should be documented on discharge letter. Changes implemented after the initial audit were presentation for staff education and collaboration with HFT to enhance the referral rate. Subsequent second audit was performed prospectively on 20 patients with moderate to severe LVSD.
Results: The initial audit showed 33% of patients were on beta-blockers, 33% of patients were on ACE-I, 4% of patients were referred to the HFT and 41% of discharge letters had clear documentation. The second audit showed improvements with 85%, 75%, 50% and 45% respectively.
Conclusions: The continuity of optimal medical therapy after open heart surgery is important to improve patient outcome. A departmental guideline and multidisciplinary approach are helpful to facilitate this.

0372: THE QUALITY OF ONLINE INFORMATION ABOUT TRICUSPID VALVE REPLACEMENT

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Aim: To assess the quality of information available online for lay people regarding tricuspid valve replacement and identify the best and worst resources that people can use to educate themselves on lobectomies prior to consenting and undergoing the procedure.
Method: The top 3 search engines (Google, Bing and Yahoo) were searched for the term "tricuspid valve replacement". The top 50 results of each search were selected and refined, under predefined criteria, prior to analysis. Remaining websites were assessed using the Gunning-Fog Index (GFI), the Flesch Reading Ease Score (FRES), and LIDA tool for assessing accessibility, usability and reliability.
Results: Of the 150 websites, 129 were excluded. The mean GFI was 16.07(±3.51); the mean FRES was 35.32(±15.37); and the mean LIDA tool scores were accessibility 79.37%(±10.72), usability 65.08%(±23.95), and